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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC 5811 PELICAN BAY BLVD SUITE 500 ADDRESS (number and street) Check if different than previously **NAPLES** FL 34108 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00442418 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 26 2008 12 3 1 2008 1 1 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Joseph Meek Type or Print Name of Treasurer Electronically Filed by Joseph Meek 0 1 27 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC D D " D 26 12 2008 3 1 2008 1.1 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 2008 January 1 (b) Cash on Hand at 34058.14 Begining of Reporting Period 8888.09 55241.70 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 42946.23 55241.70 6(a) and 6(c) for Column B) 139.08 12434.55 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 42807.15 42807.15 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

F	Report Covering the Period: From:	26 Y Y W Y Y Y	o: 12 31 Y Y Y Y Y Y Y Y
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	8465.35	49077.21
	(ii) Unitemized	422.74	6164.49
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	8888.09	55241.70
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	8888.09	55241.70
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	0.00
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8888.09	55241.70
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	8888.09	55241.70

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. O _l	perating Expenditures: —) Shared Federal/Non-Federal	l l	
(α	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b	, 1 0	139.08	784.55
(c	Expenditures	103.00	704.33
	(add 21(a)(i), (a)(ii) and (b))	139.08	784.55
	ansfers to Affiliated/Other Party	0.00	0.00
3. Co	ommitteesontributions to	0.00	0.00
an	ederal Candidates/Committeesd Other Political Committees	0.00	11650.00
	dependent Expenditure se Schedule E)	0.00	0.00
Co	pordinated Expenditures Made by Party		
(u	ommittees (2 U.S.C. 441a(d)) se Schedule F)	0.00	0.00
6. Lo	an Repayments Made	0.00	0.00
	pans Made	0.00	0.00
8. He (a)	efunds of Contributions To:) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(C)			
	(such as PACs)	0.00	0.00
(d	Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(add Lines 20(a), (b), and (c))	* * * * * * * * * * * * * * * * * * * *	
.9. Ot	ther Disbursements	0.00	0.00
0. F	ederal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(1) 1 000101 011010	2.22	
	(ii) "Levin" Share	0.00	0.00
(1	b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
1. To	otal Disbursements (add Lines 21(c), 22,		
2	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	139.08	12434.55
	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)	120.00	10/0/ 55
īr	om Line 31)	139.08	12434.55

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	8888.09	55241.70
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	8888.09	55241.70
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	139.08	784.55
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	139.08	784.55

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 33 (check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOCIATE	S INC FED	PAC LLC	
Full Name (Last, First, Middle Initial) Cassie Ball			Date of Receipt
Mailing Address 1407 Red Oak Way			1 1 3 0 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.4592
Winder	GA	30680	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer Barrow Regional Med Ctr	Occupatio CFO	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 252.00	
Full Name (Last, First, Middle Initial) Cassie Ball			Date of Receipt
Mailing Address 1407 Red Oak Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4654
Winder	GA	30680	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer Barrow Regional Med Ctr	Occupatio CFO	n	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 294.00	
Full Name (Last, First, Middle Initial) Cassie Ball			Date of Receipt
Mailing Address 1407 Red Oak Way			12 31 YYYYY 12 31 2008
City	State	Zip Code	Transaction ID: SA11AI.4624
Winder	GA	30680	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer Barrow Regional Med Ctr	Occupatio CFO	n	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 336.00	
SUBTOTAL of Receipts This Page (optional)			126.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOCIAT	e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ann Barnhart Mailing Address 5811 Pelican Bay Blv City Naples FEC ID number of contributing federal political committee. Name of Employer Health Management Assoc. Receipt For:	d Suite 500 State Zip Code FL 34108 C Occupation healthcare Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ann Barnhart	499.98	Date of Receipt
Mailing Address 5811 Pelican Bay Blv City	State Zip Code	1 2 1 1 2 0 0 8 Transaction ID: SA11AI.4655
Naples FEC ID number of contributing federal political committee.	FL 34108	Amount of Each Receipt this Period 166.66
Name of Employer Health Management Assoc. Receipt For: Primary General Other (specify) ▼	Occupation healthcare Aggregate Year-to-Date 666.64	
Full Name (Last, First, Middle Initial) Ann Barnhart Mailing Address 5811 Pelican Bay Blv	d Suite 500	Date of Receipt
City Naples	State Zip Code FL 34108	Transaction ID: SA11AI.4625 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	166.66
Health Management Assoc. Receipt For: Primary General Other (specify) ▼	healthcare Aggregate Year-to-Date ▼ 833.30	
SUBTOTAL of Receipts This Page (optional) .	•	499.98

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOC	and Statements may not be sold or used by any person the name and address of any political committee to CIATES INC FED PAC LLC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kim Bassett Mailing Address 1998 O/S Hwy A3	33	Date of Receipt
City	State Zip Code	1 1 3 0 2 0 0 8 Transaction ID: SA11AI.4594
Marathon FEC ID number of contributing federal political committee.	FL 33050	Amount of Each Receipt this Period 83.34
Name of Employer Fishermen's Hospital	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	
Full Name (Last, First, Middle Initial) Kim Bassett Mailing Address 1998 O/S Hwy A3	1	Date of Receipt
City Marathon FEC ID number of contributing	State Zip Code FL 33050	Transaction ID: SA11AI.4656 Amount of Each Receipt this Period 83.34
federal political committee. Name of Employer Fishermen's Hospital	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	
Full Name (Last, First, Middle Initial) Kim Bassett	I	Date of Receipt
Mailing Address 1998 O/S Hwy A3	3	1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Marathon</u>	State Zip Code FL 33050	Transaction ID: SA11AI.4626 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Fishermen's Hospital	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	
SUBTOTAL of Receipts This Page (option	nal)	250.02

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 33 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOCIATION	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Robert Bigley Mailing Address 270 S Kennedy St City Metter FEC ID number of contributing federal political committee.	State GA	Zip Code 30437	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer East Georgia Regional Receipt For: Primary General Other (specify) ▼	Occupatio CEO Aggregate	e Year-to-Date ▼ 583.38	
Full Name (Last, First, Middle Initial) Robert Bigley Mailing Address 270 S Kennedy St City Metter FEC ID number of contributing federal political committee. Name of Employer East Georgia Regional Receipt For: Primary Other (specify)	State GA C Occupatio CEO Aggregate	Zip Code 30437 on e Year-to-Date ▼ 666.72	Date of Receipt M M D D 2 0 0 8
Full Name (Last, First, Middle Initial) Robert Bigley Mailing Address 270 S Kennedy St City Metter FEC ID number of contributing federal political committee. Name of Employer East Georgia Regional Receipt For: Primary General Other (specify)	State GA C Occupation CEO Aggregate	Zip Code 30437 on e Year-to-Date ▼	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)			250.02

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 33 (check only one) X 11a 11b 11c 12 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions
HEALTH MANAGEMENT ASSOCIA	TES INC FED PACILIC	
Full Name (Last, First, Middle Initial) Dwayne Blaylock Mailing Address 111 St Andrews PI		Date of Receipt
C'h.	Otata 7:- Ocada	11 30 2008
City Tullahoma	State Zip Code TN 37388	Transaction ID: SA11AI.4596
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 83.34
Name of Employer Tullahoma	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	
Full Name (Last, First, Middle Initial) Dwayne Blaylock		Date of Receipt
Mailing Address 111 St Andrews PI		12 11 2008
City	State Zip Code	Transaction ID: SA11AI.4658
Tullahoma	TN 37388	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Tullahoma	Occupation CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	666.72	
Full Name (Last, First, Middle Initial) Dwayne Blaylock		Date of Receipt
Mailing Address 111 St Andrews PI		12 31 2008
City	State Zip Code	Transaction ID: SA11AI.4628
Tullahoma	TN 37388	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Tullahoma	Occupation CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	750.06	
CURTOTAL of Descripts This Days (astisms)		250.02

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOCIA	Statements may not be sold or used by any pers he name and address of any political committee to TES INC FED PAC LLC	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Kathy Burke Mailing Address 3425 Palmeto Drive City Hernando Beach FEC ID number of contributing federal political committee. Name of Employer Brodisville Regional Receipt For: Primary General Other (specify)	State Zip Code FL 34607 C Occupation VP/CEO Aggregate Year-to-Date ▼ 1166.62	Date of Receipt 1 1 3 0 2 0 0 8 Transaction ID: SA11AI.4597 Amount of Each Receipt this Period 166.66
Full Name (Last, First, Middle Initial) Kathy Burke Mailing Address 3425 Palmeto Drive City Hernando Beach FEC ID number of contributing federal political committee. Name of Employer Brodisville Regional Receipt For: Primary General Other (specify)	State Zip Code FL 34607 C Occupation VP/CEO Aggregate Year-to-Date ▼ 1333.28	Date of Receipt 1 2 1 1 2 0 0 8 Transaction ID: SA11AI.4659 Amount of Each Receipt this Period 166.66
Full Name (Last, First, Middle Initial) Kathy Burke Mailing Address 3425 Palmeto Drive City Hernando Beach FEC ID number of contributing federal political committee. Name of Employer Brodisville Regional Receipt For: Primary General Other (specify)	State Zip Code FL 34607 C Occupation VP/CEO Aggregate Year-to-Date 1499.94	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		499.98

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 33 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOCI.	nd Statements may not be sold or used by any pers the name and address of any political committee to ATES INC FED PAC LLC	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) James 'Mike' Cowling Mailing Address 10 Dogwood Valley City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Lititz FEC ID number of contributing federal political committee.	PA 17543	Amount of Each Receipt this Period 83.34
Name of Employer Lancaster Regional Receipt For: Primary General Other (specify) ▼	Occupation CEO Aggregate Year-to-Date 583.38	
Full Name (Last, First, Middle Initial) James 'Mike' Cowling Mailing Address 10 Dogwood Valley		Date of Receipt 1 2 1 1 2 2 0 0 8
City <u>Lititz</u> FEC ID number of contributing federal political committee.	State Zip Code PA 17543	Transaction ID: SA11AI.4660 Amount of Each Receipt this Period 83.34
Name of Employer Lancaster Regional	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	
Full Name (Last, First, Middle Initial) James 'Mike' Cowling Mailing Address 10 Dogwood Valley		Date of Receipt 1 2 3 1 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.4630
Lititz FEC ID number of contributing federal political committee.	PA 17543	Amount of Each Receipt this Period 83.34
Name of Employer Lancaster Regional	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	
	l)	250.02

	SCHEDULE A (FEC Form 3X)		Harris I I I I I I I	FOR LINE NUMBER: PAGE 13/33
	•		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_			, ,	13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	HEALTH MANAGEMENT ASSOCIATE	S INC FED	PAC LLC	
Α.	Full Name (Last, First, Middle Initial) Fred Drow			Date of Receipt
	Mailing Address 6869 Wellington Dr			1 1 3 0 Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4599
	Naples	FL	34109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		166.66
	Name of Employer Health Management Associa- tes	Occupation SVP Hur	n nan Resources	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1166.62	
	Other (specify) ▼	0 0	1100.02	
Б. В.	Full Name (Last, First, Middle Initial) Fred Drow			Date of Receipt
	Mailing Address 6869 Wellington Dr			12 11 2008
	City	State	Zip Code	Transaction ID: SA11AI.4661
	Naples	FL	34109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.66
	Name of Employer Health Management Associa-	Occupation SVP Hur	n nan Resources	
	tes Receipt For:		Year-to-Date ▼	-
	Primary General	Aggregate		1
	Other (specify) ▼	0 0	1333.28	
с.	Full Name (Last, First, Middle Initial) Fred Drow	<u> </u>		Date of Receipt
J .	Mailing Address 6869 Wellington Dr			1 2 3 1 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.4631
	Naples	FL	34109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer Health Management Associa- tes	Occupation SVP Hur	n man Resources	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		1416.61	
[SUBTOTAL of Receipts This Page (optional)			416.65
. ⊢				

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOCI.	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
HEALTH MANAGEMENT ASSOCI	ATES INC FED PACILIC	
Full Name (Last, First, Middle Initial) John Erickson		Date of Receipt
Mailing Address 5811 Pelican Bay E	Blvd Ste 500	M M / D D / Y Y Y Y
City	State Zip Code	1 2 3 1 2 0 0 8 Transaction ID: SA11Al.4632
Naples Naples	FL 34108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Health Management Associa-	Occupation healthcare	
tes Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial) John R Finnegan		Date of Receipt
Mailing Address 1280 Harding St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4601
Winter Park	FL 32789	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Health Management - Div 7	Occupation Senior VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) John R Finnegan		Date of Receipt
Mailing Address 1280 Harding St		1 2 1 1 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.4663
Winter Park	FL 32789	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Health Management - Div 7	Occupation Senior VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
		550.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 33 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may		13 14 15 16 16 10 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19
NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOCIA			5 OSIGN CONTRIBUTION COOT CONTRIBUTION
Full Name (Last, First, Middle Initial) John R Finnegan			Date of Receipt
Mailing Address 1280 Harding St			12 31 2008
City	State	Zip Code	Transaction ID: SA11AI.4633
Winter Park	FL	32789	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Health Management - Div 7	Occupation Senior VI		
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	. iggi ogalo	2250.00	
Full Name (Last, First, Middle Initial) Nancy Fodi			Date of Receipt
Mailing Address 3710 Muir Woods \	Nay		11 30 YYYYY
City	State	Zip Code	Transaction ID: SA11AI.4602
Naples	FL	34116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.34
Name of Employer Little Rock	Occupation CEO	ו	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.38	
Full Name (Last, First, Middle Initial) Nancy Fodi			Date of Receipt
Mailing Address 3710 Muir Woods \	Nay		1 2 1 1 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.4664
Naples	FL	34116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.34
Name of Employer Little Rock	Occupation CEO	1	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	666.72]
SUBTOTAL of Receipts This Page (optional			416.68

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 33 (check only one) X
ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
HEALTH MANAGEMENT ASSOCIATI	ES INC FED PACILIC	
Full Name (Last, First, Middle Initial) Nancy Fodi		Date of Receipt
Mailing Address 3710 Muir Woods Wa	1	1 2 3 1 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.4634
Naples	FL 34116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Little Rock	Occupation CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.06	
Full Name (Last, First, Middle Initial) San Juana Garza	<u> </u>	Date of Receipt
Mailing Address PO Box 8231		M M / D D / Y Y Y Y
City	State Zip Code	11 30 2008
Sebring	FL 33872	Transaction ID: SA11AI.4603 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer Sebring	Occupation CFO	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) San Juana Garza		Date of Receipt
Mailing Address PO Box 8231		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4665
Sebring	FL 33872	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer Sebring	Occupation CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	420.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/33 (check only one)
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOCI	ATES INC FED	PAC LLC	
Full Name (Last, First, Middle Initial) San Juana Garza			Date of Receipt
Mailing Address PO Box 8231			12 31 2008
City Sebring	State FL	Zip Code 33872	Transaction ID: SA11AI.4635
FEC ID number of contributing federal political committee.	C	33072	Amount of Each Receipt this Period 60.00
Name of Employer Sebring	Occupation	n	7
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) James Scott Hartsell			Date of Receipt
Mailing Address 3837 Swans Landin	ng Dr		1 1 3 0 Y Y Y Y Y Y
City Land O'Lakes	State FL	Zip Code 34639	Transaction ID: SA11AI.4604
FEC ID number of contributing federal political committee.	C	34039	Amount of Each Receipt this Period 50.00
Name of Employer Spring Hill Regional Hosp.	Occupation	n e Administrator	
Receipt For: Primary General Other (specify) ▼	- + +	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) James Scott Hartsell			Date of Receipt
Mailing Address 3837 Swans Landin	ng Dr		12 11 2008
City Land O'Lakes	State FL	Zip Code 34639	Transaction ID: SA11AI.4666 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.7000	50.00
Name of Employer Spring Hill Regional Hosp.	Occupation Associate	n e Administrator	
Receipt For: Primary General Other (specify) ▼	- + +	Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional	al)		160.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 33 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOCI	ATES INC FED	PAC LLC	
Full Name (Last, First, Middle Initial) James Scott Hartsell			Date of Receipt
Mailing Address 3837 Swans Landi	ng Dr		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City Land O'Lakes	State FL	Zip Code 34639	Transaction ID: SA11AI.4636
FEC ID number of contributing federal political committee.	C	34039	Amount of Each Receipt this Period 50.00
Name of Employer Spring Hill Regional Hosp.	Occupation Associate	n e Administrator	
Receipt For: Primary General Other (specify) ▼	1	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Emily Holliman			Date of Receipt
Mailing Address 501 Sundance Trail	il		M M / D D / Y Y Y Y Y 1 1 1 3 0 2 0 0 8
City Vero Beach	State FL	Zip Code 32963	Transaction ID: SA11AI.4606
FEC ID number of contributing federal political committee.	C	32903	Amount of Each Receipt this Period 83.34
Name of Employer Sebastian River Med Ctr	Occupation CEO	n	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 458.37	
Full Name (Last, First, Middle Initial) Emily Holliman			Date of Receipt
Mailing Address 501 Sundance Trai	il		M M / D D / Y Y Y Y Y Y 1 2 0 0 8
City Vero Beach	State FL	Zip Code 32963	Transaction ID: SA11AI.4667 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	52505	83.34
Name of Employer Sebastian River Med Ctr	Occupation CEO	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 541.71	
SUBTOTAL of Receipts This Page (options	al)		216.68

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 33 (check only one) X
\	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOCIAT	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Emily Holliman Mailing Address 501 Sundance Trail City Vero Beach FEC ID number of contributing federal political committee.	State FL	Zip Code 32963	Date of Receipt 1 2 3 1 2 0 0 8 Transaction ID: SA11AI.4637 Amount of Each Receipt this Period 83.34
	Name of Employer Sebastian River Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation CEO Aggregate	e Year-to-Date ▼ 625.05	
– В.	Full Name (Last, First, Middle Initial) Kathleen Holloway Mailing Address 6792 Compton Lane I City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	Naples FEC ID number of contributing federal political committee. Name of Employer Health Management Associates	C Occupation VP	34104	Amount of Each Receipt this Period 166.66
_	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1166.62]
C.	Full Name (Last, First, Middle Initial) Kathleen Holloway Mailing Address 6792 Compton Lane I City	N State	Zip Code	Date of Receipt 1 2 1 1 2 2 0 0 8 Transaction ID: SA11AI.4668
	Naples FEC ID number of contributing federal political committee.	FL C	34104	Amount of Each Receipt this Period 166.66
	Name of Employer Health Management Associates Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation VP Aggregate	e Year-to-Date ▼ 1333.28	
	SUBTOTAL of Receipts This Page (optional) .			416.66

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOCIA	d Statements may not be sold or used by any personante name and address of any political committee to ATES INC FED PAC LLC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kathleen Holloway		Date of Receipt
Mailing Address 6792 Compton Lane	e N	12 31 2008
City	State Zip Code	Transaction ID: SA11AI.4638
Naples FEC ID number of contributing federal political committee.	FL 34104	Amount of Each Receipt this Period 166.66
Name of Employer Health Management Associa- tes	Occupation VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1499.94	
Full Name (Last, First, Middle Initial) Robert Mahaffey		Date of Receipt
Mailing Address 3600 S Highlands A	ve	M M / D D / Y Y Y Y Y Y Y Y 1 1 1 3 0 2 0 0 8
City Sebring	State Zip Code FL 33870	Transaction ID: SA11AI.4608 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Highlands Regional	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	
Full Name (Last, First, Middle Initial) Robert Mahaffey		Date of Receipt
Mailing Address 3600 S Highlands A	ve	12 11 2008
City Sebring	State Zip Code FL 33870	Transaction ID: SA11AI.4669 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Highlands Regional	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	
SUBTOTAL of Receipts This Page (optional)	333.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOCIATE	e name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Robert Mahaffey Mailing Address 3600 S Highlands Ave	,	Date of Receipt
City Sebring FEC ID number of contributing	State Zip Code FL 33870	Transaction ID: SA11AI.4639 Amount of Each Receipt this Period 83.34
Receipt For: Primary Other (specify)	Occupation CEO Aggregate Year-to-Date ▼ 750.06	_
Full Name (Last, First, Middle Initial) John W. McClellan Mailing Address 1709 Alldou St City Kennett FEC ID number of contributing federal political committee. Name of Employer HMA - Kennett, MO	State Zip Code MO 63057 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	CEO Aggregate Year-to-Date ▼ 208.35	
Full Name (Last, First, Middle Initial) Joseph Meek Mailing Address 5811 Pelican Bay Blvd Suite 500 City Naples FEC ID number of contributing federal political committee.	State Zip Code FL 34108	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Health Management Associates Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation VP & Treasurer Aggregate Year-to-Date 1166.62	
SUBTOTAL of Receipts This Page (optional)		333.34

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate so for each category Detailed Summa	y of the
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOCIATION	e name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joseph Meek Mailing Address 5811 Pelican Bay Blv Suite 500 City	d State Zip Code	Date of Receipt 1 2 1 1 2 2 0 0 8 Transaction ID: SA11AI.4670
Naples FEC ID number of contributing federal political committee.	FL 34108	Amount of Each Receipt this Period 166.66
Name of Employer Health Management Associates Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation VP & Treasurer Aggregate Year-to-Date	333.28
Full Name (Last, First, Middle Initial) Joseph Meek Mailing Address 5811 Pelican Bay Blv Suite 500	d	Date of Receipt
City	State Zip Code	Transaction ID: SA11AI.4641
Naples	FL 34108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.66
Name of Employer Health Management Associa- tes	Occupation VP & Treasurer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	499.94
Full Name (Last, First, Middle Initial) John Merriwether		Date of Receipt
Mailing Address 2147 Morning Sun La	ine	1 1 3 0 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.4611
Naples FEC ID number of contributing federal political committee.	FL 34119	Amount of Each Receipt this Period 166.66
Name of Employer Health Management Assoc	Occupation Vp of Financial Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	166.62
SUBTOTAL of Receipts This Page (optional)	<u>'</u>	499.98

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any person using the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initia John Merriwether Mailing Address 2147 Morning	J)	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Naples	State Zip Code FL 34119	Transaction ID: SA11AI.4671 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	166.66
Receipt For: Primary General Other (specify)	Vp of Financial Relations Aggregate Year-to-Date ▼ 1333.28	
Full Name (Last, First, Middle Initia John Merriwether Mailing Address 2147 Morning	,	Date of Receipt 1 2 3 1 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.4642
Naples	FL 34119	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Health Management Assoc	Occupation Vp of Financial Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1416.61	
Full Name (Last, First, Middle Initia Karen Metz		Date of Receipt
Mailing Address 824 St. Andre	ws Rd	11 30 2008
City	State Zip Code	Transaction ID: SA11AI.4612
Statesville FEC ID number of contributing federal political committee.	NC 28625	Amount of Each Receipt this Period 83.34
Name of Employer Davis Regional Med Ctr	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	
SUBTOTAL of Receipts This Page (optional)	333.33

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24/33 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOCI	ATES INC FED	PAC LLC	
Full Name (Last, First, Middle Initial) Karen Metz			Date of Receipt
Mailing Address 824 St. Andrews R	d		1 2 1 1 2 0 0 8
City Statesville	State NC	Zip Code 28625	Transaction ID: SA11AI.4672 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20025	83.34
Name of Employer Davis Regional Med Ctr	Occupation CEO	1	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 666.72	
Full Name (Last, First, Middle Initial) Karen Metz			Date of Receipt
Mailing Address 824 St. Andrews R	d		1 2 3 1 2 0 0 8
City Statesville	State NC	Zip Code 28625	Transaction ID: SA11AI.4643
FEC ID number of contributing federal political committee.	C	20023	Amount of Each Receipt this Period 83.34
Name of Employer Davis Regional Med Ctr	Occupation CEO	1	
Receipt For: Primary General Other (specify) ▼	- t -	Year-to-Date ▼ 750.06	
Full Name (Last, First, Middle Initial) Geoffrey Moebius			Date of Receipt
Mailing Address 2843 Wild Orchid	Ct		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Naples	State FL	Zip Code	Transaction ID: SA11AI.4644
FEC ID number of contributing federal political committee.	C	34119	Amount of Each Receipt this Period 83.34
Name of Employer PRMC	Occupation CEO	l	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 208.35	
SUBTOTAL of Receipts This Page (options	al)		250.02

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the	FOR LINE NUMBER: PAGE 25 / 33 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an	Detailed Summary Page Id Statements may not be sold or used by any perso	13 14 15 16
or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOCIA	ATES INC FED PAC LLC	
Full Name (Last, First, Middle Initial) Jose Morillo		Date of Receipt
Mailing Address 4230 Cazes Ave		M M / D D / Y Y Y Y Y 1 Y 1 1 1 3 0 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.4614
North Port	FL 34287	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.64
Name of Employer LeHigh Regional Med Ctr	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 291.60	
Full Name (Last, First, Middle Initial) Jose Morillo		Date of Receipt
Mailing Address 4230 Cazes Ave		M M / D D / Y Y Y Y Y Y 1 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.4673
North Port	FL 34287	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.64
Name of Employer LeHigh Regional Med Ctr	Occupation CEO	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 333.24	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 4230 Cazes Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4645
North Port	FL 34287	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.64
Name of Employer LeHigh Regional Med Ctr	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 374.88	
SUBTOTAL of Receipts This Page (optional	l)	124.92

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOCI	nd Statements may not be sold or used by any person of the name and address of any political committee to ATES INC FED PACITIC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Allison Mulholland Mailing Address 2011 Hartt Rd		Date of Receipt
	7'- 0-1	11 30 2008
City <u>Sebring</u>	State Zip Code FL 33870	Transaction ID: SA11AI.4615 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Highlands Regional	Occupation COO	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	
Full Name (Last, First, Middle Initial) Allison Mulholland	I	Date of Receipt
Mailing Address 2011 Hartt Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4674
Sebring	FL 33870	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Highlands Regional	Occupation COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	
Full Name (Last, First, Middle Initial) Allison Mulholland	I	Date of Receipt
Mailing Address 2011 Hartt Rd		12 31 2008
City	State Zip Code	Transaction ID: SA11AI.4646
Sebring 5-2-17	FL 33870	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Highlands Regional	Occupation COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	
	al)	250.02

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOCIA	d Statements may not be sold or used by any person the name and address of any political committee to ATES INC FED PAC LLC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles Nasem Mailing Address 12170 Jaycie Circle		Date of Receipt 1 1 3 0 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.4616
Midwest City	OK 73130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer Midwest Regional Med Ctr	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Charles Nasem	Date of Receipt	
Mailing Address 12170 Jaycie Circle		12 11 2008
City	State Zip Code	Transaction ID: SA11AI.4675
Midwest City	OK 73130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer Midwest Regional Med Ctr	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	
Full Name (Last, First, Middle Initial) Charles Nasem		Date of Receipt
Mailing Address 12170 Jaycie Circle		12 31 2008
City	State Zip Code	Transaction ID: SA11AI.4647
Midwest City	OK 73130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer Midwest Regional Med Ctr	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	
SUBTOTAL of Receipts This Page (optional)	126.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 33 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOC	and Statements may not be sold or used by any person g the name and address of any political committee to a	n for the purpose of soliciting contributions solicit contributions from such committee.
/		T
Full Name (Last, First, Middle Initial) Wayne Neiswender		Date of Receipt
Mailing Address 6884 Red Bay Par	k Rd Unit 201	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4617
Naples	FL 34109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Health Management Associa-	Occupation	
tes	Director of Human Resources	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	
Full Name (Last, First, Middle Initial)		Date of Receipt
Wayne Neiswender Mailing Address 6884 Red Bay Par	k Rd Unit 201	Date of Receipt
City	State Zip Code	1 2 1 1 2 0 0 8 Transaction ID: SA11AI.4676
Naples	FL 34109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Health Management Associa- tes	Occupation Director of Human Resources	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	
Full Name (Last, First, Middle Initial) Wayne Neiswender		Date of Receipt
Mailing Address 6884 Red Bay Par	k Rd Unit 201	1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.4648
Naples	FL 34109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer Health Management Associa- tes	Occupation Director of Human Resources	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	708.39	

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any pers g the name and address of any political committee	son for the purpose of soliciting contributions
HEALTH MANAGEMENT ASSOC	IATES INC FED PAC LLC	
Full Name (Last, First, Middle Initial) Timothy Parry		Date of Receipt
Mailing Address 7127 Sugar Magno	olia Court	1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4618
<u>Naples</u>	FL 34109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Health Management Associa-	Occupation Sr VP and General Counsel	
tes Receipt For:	Aggregate Year-to-Date ▼	\dashv
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Timothy Parry		Date of Receipt
Mailing Address 7127 Sugar Magno	olia Court	M M / D D / Y Y Y Y Y 1 1 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.4677
Naples	FL 34109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Health Management Associa- tes	Occupation Sr VP and General Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Joshua Putter		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4619
Naples	FL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Health Management Associa- tes	Occupation healthcare	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	208.35	
	I	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOCIATION A	nd Statements may not be sold or used by any person the name and address of any political committee to ATES INC FED PAC LLC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joshua Putter		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y Y Y Y 1 2 0 0 8
City Naples	State Zip Code FL	Transaction ID: SA11AI.4678
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 83.34
Name of Employer Health Management Associa- tes	Occupation healthcare	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	
Full Name (Last, First, Middle Initial) Joshua Putter		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Naples	State Zip Code FL	Transaction ID: SA11AI.4649
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 83.34
Name of Employer Health Management Associa- tes	Occupation healthcare	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	
Full Name (Last, First, Middle Initial) Scott Stumbo		Date of Receipt
Mailing Address 5109 Inagua Way		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Naples	State Zip Code FL 34119	Transaction ID: SA11AI.4620 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	208.32
Name of Employer Health Management Associa- tes	Occupation VP Operations/Finance	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 937.44	
SUBTOTAL of Receipts This Page (optional	n .	375.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements maname and add	y not be sold or used by any persodress of any political committee to	
HEALTH MANAGEMENT ASSOCIATE	S INC FED	PAC LLC	
Full Name (Last, First, Middle Initial) Scott Stumbo			Date of Receipt
Mailing Address 5109 Inagua Way			12 11 2008
City	State	Zip Code	Transaction ID: SA11AI.4680
<u>Naples</u>	FL	34119	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		208.32
Name of Employer Health Management Associa-	Occupatio		
tes Receipt For:		ations/Finance e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	1145.76	
Full Name (Last, First, Middle Initial) Scott Stumbo			Date of Receipt
Mailing Address 5109 Inagua Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4650
Naples	FL	34119	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.32
Name of Employer Health Management Associa- tes	Occupatio VP Oper	n ations/Finance	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1354.08	
Full Name (Last, First, Middle Initial) Joseph D Weaver			Date of Receipt
Mailing Address 542 Twin Cedars Drive	ı		1 1 3 0 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.4623
Madison	MS	39110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.34
Name of Employer Madison County Medical Ctr	Occupatio CEO	n	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.04	
SUBTOTAL of Receipts This Page (optional))	499.98

A.

В.

PAGE 32/33 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC Full Name (Last, First, Middle Initial) Date of Receipt Joseph D Weaver Mailing Address 542 Twin Cedars Drive 12 2008 11 City State Zip Code Transaction ID: SA11AI.4683 Madison MS 39110 Amount of Each Receipt this Period FEC ID number of contributing 83.34 C federal political committee. Name of Employer Madison County Medical Ctr Occupation CEO Receipt For: Aggregate Year-to-Date General Primary 583.38 Other (specify) Full Name (Last, First, Middle Initial) Joseph D Weaver Date of Receipt Mailing Address 542 Twin Cedars Drive 3 1 2008 City Transaction ID: SA11AI.4653 State Zip Code Madison MS 39110 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Name of Employer Madison County Medical Ctr Occupation CEO Receipt For: Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)	•	166.68
TOTAL This Period (last page this line number only)	•	8465.35

666.72

Primary

Other (specify)

General

	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUM	BER: PAGE 33/33	
	ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one)	☐ 23 ☐ 24 ☐ 25 ☐ 26	
		Detailed Suffillary Page	27 28		
	Any Information copied from such Reports and Statemor for commercial purposes, other than using the name				
	NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOCIATES IN	NC FED PAC LLC			
A.	Full Name (Last, First, Middle Initial) Wachovia		Dai	nsaction ID: SB21B.4684 te of Disbursement	
	Mailing Address 5801 Pelican Bay Blvd #100		1	1 M / D 3 D / Y 2 0 0 8 Y	
		State Zip Code FL 34108	Am	nount of Each Disbursement this Period	
	Purpose of Disbursement service charges		91.52		
	Candidate Name		Category/ Type		
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			
	State: District:				
В.	Full Name (Last, First, Middle Initial) Wachovia		Da	nsaction ID: SB21B.4685 te of Disbursement	
	Mailing Address 5801 Pelican Bay Blvd #100		1	$\begin{bmatrix} 2^{\text{M}} \end{bmatrix} \begin{bmatrix} \begin{bmatrix} \text{D} & 3 & 1 \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{bmatrix} \text{Y} & \text{Y} & \text{Y} & \text{Y} & \text{Y} \\ 2 & 0 & 0 & 8 \end{bmatrix} \end{bmatrix}$	
		State Zip Code FL 34108	Am	ount of Each Disbursement this Period	
	Purpose of Disbursement service charges			47.56	
	Candidate Name		Category/ Type		
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			

SUBTOTAL of Disbursements This Page (optional)	•	139.08
TOTAL This Period (last page this line number only)	•	139.08

State:

District: